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AUTHOR Amor, Charles W.
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ABSTRACT

A multi-purpose senior center within a community college setting is the focus of this presentation. The following points are discussed: (1) the historical development of the Hawaii State Senior Center with respect to national and local programs on aging; (2) the financial means of expanding and supporting the various stages of development; (3) the program impact of the community college staff and the students; and (4) the involvement of the legislature and the political fiscal situation that has prevailed. The Honolulu Community College is developing a Department of Human Services. It is envisioned that the Senior Center will be a major component of this department. The pros and cons of recommendations made are discussed. (DB)

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COMMUNITY COLLEGE TEACHING AND PROGRAMMING

"INNOVATIVE PROGRAMS"

"MULTI-PURPOSE SENIOR CENTERS IN COMMUNITY COLLEGES"

by

Charles W. Amor, Executive Director
Hawaii State Senior Center,
Honolulu Community College,
Honolulu, Hawaii

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THE DEVELOPMENT OF THE HAWAII STATE SENIOR CENTER

Introduction:

The concept of a "multi-purpose senior center" even in its most sophisticated design is not especially novel. Its novelty is the placement of this dynamic program within the institution of a community college. The effect of such a program in this institutional setting immediately multiplies the resources to participants and program managers alike. New combinations of possibilities are available and the only limitation to continued expansion is time and imagination.

In addition to community services, one of the broad mission of community colleges, is "to provide opportunities for the development of fullest human potential." This mission gains a new meaning when applied to older people. The immediate impact is to see programs as a means of human growth and development as opposed to welfare aid. It is the accent on the positive with the hope that this emphasis will enhance the image of the older persons and restore him to the rightful place of respect he justly deserves.

This paper will cover the following points:

- I. The Historical development of the Hawaii State Senior Center with respect to National and Local programs on Aging.

- II. The Financial Means of Expanding and Supporting
the Various Stages of Development.
- III. The Program Impact of the Community College Staff
and the Students.
- IV. The Involvement of the Legislature and the
Political Fiscal Situation that has Prevailed.
- V. Recommendations.

I. Historical Background¹

A. The First Center in the United States

The "Senior Center Movement" is traced back to 1945 in New York City. During the peak of World War II and full employment, social workers were free to make home visits. They realized that the elderly were lonely and hungered for human companionship.

Because of the large number of elderly needing personal attention, it was decided to gather them together to conserve the energies of the workers. Cooperative arrangements with public housing management resulted in the joint use of the community facilities for older people.

The first Center called "Hudson House" prospered. The program was so successful that it continues in the State of New York's annual budget.

B. Other Communities

Other communities experimented with senior centers under different sponsorship. Notable demonstrations were sponsored by labor unions, private volunteer groups, and associations of older people themselves. During the period from 1943 to 1965, there were some 20-50 "Senior Centers" mostly under private auspices.

¹Tapes: Inaugural Conference on establishment of "The National Institute of Senior Centers," by National Council on Aging, March 1971, Washington, D.C.

1965 was a banner year for significant federal legislation. Along with enactment of Medicare and Medicaid came the Older Americans' Act, Anti-poverty legislation and the Housing Act of 1965. Communities with funds to demonstrate direct services for older people selected senior centers as a viable focal point in reaching older people, but in 1966 the National Council on Aging lost 340 centers; by 1971 the Administration on Aging (an agency created by the Older Americans' Act) enumerated over 1,200 senior centers throughout the country.² Inclusion in this report required that the senior center open at least three days a week and be staffed with professional workers. County Parks and Recreation programs sponsored many centers.

C. Problems

While Centers were generally popular, the continuity of funding was always an issue, especially among private sponsors utilizing federal funds. It became obvious that the membership fees could not be the primary income base if it were to be designed to reach the elderly on retirement incomes. Many Centers fell by the wayside because they were poorly funded. The spontaneous explosion of

² "Senior Centers in the United States," A Directory, U.S. Dept. of Health, Education and Welfare, Jan. 1970.

Centers throughout the Nation after 1965 resulted in isolated experiments unrelated to a total movement. By 1971 the National Council on Aging convened the Inaugural Conference on Senior Centers. It was then obvious that standards of operations and personnel needed to be developed on a National Scale.

D. Hawaii's Experience with Senior Centers

1. Legislative History

The Hawaii State Commission on Aging under the direction of its Chairman, Dr. R. Ray Scott and its Director, Charles W. Amor, was the first State agency to become eligible for funds under the federal Older Americans' Act in 1965. Additionally, the State legislature enacted a State "Bill of Rights for the Elderly" appropriating State funds to fund innovative programs for the elderly. Former House Speaker, Elmer Cravalho, was the leading architect of the program.

Also in 1965 and separate from the Commission's legislative program was a private bill for the construction of a "Senior Opportunity Center" under a private incorporation led by a Mr. John DeMello. Mr. DeMello was President of a State and County

Pensioners and lobbied for increased benefits for pensioners not covered under the present retirement system.

2. Commission on Aging

In 1965 the Commission presented an orderly plan to the Director of Budget and Finance for the development of the program on Aging. The Plan outlined (1) the establishment of a permanent Commission on Aging, (2) County Committee on Aging, (3) Country-wide Information and Referral System on each and every county, (4) a data-gathering system and (5) the planning of a model Senior Opportunity Center in Honolulu (presently the Hawaii State Senior Center).

(Note: All objectives have been completed and continued)

In 1966 the Commission projected a plan for locating senior centers within each county by 1972.³

In 1966. the Commission funded Maui and Hawaii Counties' Department of Parks and Recreation for the development of "senior centers." On Kauai. the responsibility was allocated to a non-profit association (Kauai Senior Centers, Inc.) to operate the program

³ Commission on Aging Evaluation Report, Aug. 30, 1966

as the entire county recreational program was operated by one person.

Oahu did not receive a "senior center" as the Parks and Recreation was already operating a "senior center" at St. Mary's Church on King Street since 1958. This program was later transferred to Makua Alii through a joint arrangement between the Honolulu Department of Parks and Recreation and the Hawaii Housing Authority. Makua Alii, a public housing facility for low-income elderly, won a national award for distinguished architecture.

In 1969, the construction of the Senior Opportunity Center presently known as Hawaii State Senior Center, was completed with State funds. Senior Opportunity Center, Inc., a non-profit sponsor, projected its income to continue the operations based on membership fees and fund raising drives. The Governor allowed this construction as the only facility of its kind in the State.

The Commission, which has the responsibility of overseeing federal funds, had difficulty raising the level of incorporated body to the point where it could justify using federal funds for the operating budget

to the sponsor. Fiscal accountability was the issue. During the negotiation, the newly constructed building was vandalized and over \$11,000 was needed to restore the facility to a usable way.

Following the breakdown of negotiations, the Commission canvassed agencies eligible for federal funding to operate the program. Among those canvassed were Hawaii Housing, Honolulu Department of Parks and Recreation and the Senior Action Congress, Inc.

Charles W. Amor, who had since left the Commission on Aging, was asked by the Commission to serve as a voluntary consultant to write a model project and find an eligible sponsor. The model that was developed was based on the deficiencies inherent in a single faceted sponsor, like recreation, health, employment, and social services. "Centers for Older People" by Jean Maxwell was used for the overall project design. Miss Florence Vickery, then Executive Director of the San Francisco Senior Center was consulted for the Individualized Services Component. A community development component, modeled after the community action program and model cities program, was added after the second year.

The Honolulu Community College was approached as a sponsor. A detailed study⁴ was presented showing highest concentration of older people within walking distance from the Honolulu Community College. On July 1, 1969, a contract was entered to operate the program between the Hawaii State Commission on Aging and the University of Hawaii. In the contract to operate the program, the Commission on Aging changed the name from the "Senior Opportunity Center" to the Hawaii State Senior Center to make a distinction between the private non-profit sponsor and the new sponsor, a State agency.

3. The Development of the Hawaii State Senior Center

Honolulu Community College, constrained by State policies and practices, was immediately involved in controversy when John DeMello could not be hired as its Executive Director because of age limitation. Mr. DeMello encouraged his followers not to patronize the Center and led a procession to the State Capitol to express his displeasure.

The opening of the Center was delayed because the damages to the building by vandals were extensive.

⁴ A Study of Two Communities -- Kalihi-Palama, Waialua. Report of Health and Community Council, 1966.

The project was finally staffed and became operational in November 1969.

II. Financial Means of Expanding and Supporting the Various Stages of Development.

In retrospect it is possible to identify four major means of financing the operations of the program. These four means overlap and have occurred concurrently.

1. The Core Experimental Phase.

The 1965 State Legislature provided the initial capitalization of \$250,000 for the design and construction of the facility. After construction was underway, an additional \$50,000 was needed to upgrade the foundation. The second increment scheduled for completion in August, 1973 will cost \$129,000. The facility wholly owned by State funds will have over 10,000 feet under roof located in urban area. Building and land is worth well over half million dollars in real estate. It is remarkable in its design as a home-like structure as compared to an institutional facility.

The operating funds to demonstrate the feasibility of a "multi-purpose Senior Center" in a limited geographic area, is a contractual relationship

between the University of Hawaii and the Hawaii State Commission on Aging.

The following series of organizational charts should shed some light of the various groups affecting the elderly in Hawaii:

Figure 1 illustrates the structure of State agencies involved with this field. There are at least five State Departments, the University of Hawaii, and perhaps still other agencies doing some work in this area.

Figure 2 depicts the structure of the Commission on Aging and its relationship to the various county committees on Aging. While the mayors of the counties have direct control over the committees, there is a direct relationship between the county committees and the State Commission. The State Commission is charged with overseeing, planning and dispensing funds for many of the programs that are developed or initiated with federal funds, and moreover with many of the programs dealing with aging. The departmental programs, as well as others pictures as floating with no lines connecting the programs directly to the Commission, are intended to show the current situation. While all

these programs are inter-related and while the Commission is often involved in the planning and giving of technical assistance, the Commission has little means of control over the programs. This sometimes leads to duplication of efforts and gaps in programming.⁵

Figure 3 shows a detailed sample of a county committee structure, using Kauai County as the model agency.

Figure 4 illustrates the current structure in Hawaii. It should be clear by now that while the State Commission on Aging is normally responsible for planning, research development, distribution of funds, and information and referral, the lines of authority are not precise. Many agencies perform these functions in varying degrees, although the Commission does these things most expensively. Strict control and coordination is lacking, not because of irresponsibility or unwillingness, but because the Commission's powers lack "teeth;" and has been unstaffed since its inception.

⁵ Elderly Affairs: Legislative Reference Bureau. Feb. 1973.

In further dilution of the powers of the Commission in the coming fiscal year, each of the county committees on Aging, has been designated planning areas. This is in compliance with interpretations of the newly enacted "Comprehensive Services Act for the Elderly of 1973." It is expected that the granting powers of funds from the Administration on Aging will be delegated to these county committees on Aging. The rationale behind this thinking is that by assuming increased responsibilities, the counties will increase its fiscal commitments correspondingly. To do an adequate job of planning and funding programs on the county level, the agencies will need to hire and develop staff with the capacity now available only in the Commission on Aging.

The Center's operation is shown in Figure 4 as being under the Honolulu Community College.

Figures 5 and 6 illustrate their activities and the projected plans for expansion. The Commission on Aging has approved the expansion plans on principle subject to available funds.

The initial operating funds in 1969, amounted to \$75,000 a year, including the amortization of the

building. There is a built-in 5% increase in personnel costs since 1969 with the exception of 1973-74. As a result of general increases for all State employees the new fiscal year will include a total of 13% increase for professional staff. The budget for fiscal years 1973, 1974 is in the neighborhood of \$103,000.

The financial plan was to use funds from Title III of Older Americans Act on a required declining basis. The matching funds would be paid by the State from General Revenues earmarked to the Commission on Aging. The Federal requirement called for a non-federal matching of 25%, 40%, 50% and finally, take over by the agency sponsoring the program. In this case, the State of Hawaii (University of Hawaii) was the sponsoring agency. Just prior to the 3-year termination of Federal funds, the Older Americans Act was amended to allow the continuation of Title III projects on a 50% basis for five years. The State, in an effort to save general revenue funds, opted for this method.

While this continuation under a combination of State and Federal funds prolonged the experimental stage of the program, there were some unexpected advantages. During the past two years, the State

froze all vacancies created by termination of employment and during the latter half of the 1973 fiscal year, froze all non-personnel expenses. The Center would not have been able to survive as vigorously if it were operating on wholly State policies during the past two years.

The position of the Participant Advisory Board was that the project had proven its viability within the first year and should have been awarded its permanent status. Unfortunately, senior citizens have a low priority within the University. It will continue the operation as long as funds are contracted to it from another source and not included in the University's budget.

As a result of this impasse, the State Legislature ordered its research arm, the Office of the Legislative Reference Bureau, to make a study and to report its recommendations to the State Legislature. The study was reported in February, 1973 and the following alternatives were suggested:

(1) The Senior Center could become a permanent teaching model as part of the University of Hawaii Gerontology Program. In this way, both the University

and the Center would receive direct benefits from each other. It could also serve as a State model.

(2) The Center could become a permanent part of a State agency, such as the Department of Social Services and Housing, continuing to serve the community but receiving its funds from the Department. This would be acceptable if (a), the stigma attached to Social Services and associated with some of their programs like "welfare" were not carried over to the Center; and (b), the Department would accept the plan.

(3) The Center could become a permanent part of the Community College system with plans for the building of similar centers wherever community colleges develop. This option would be in line with one philosophy on senior centers which sees them as service to the community, similar to that of community colleges. In addition, the facilities of the college could be made available to the seniors for their activities while lending them prestige that association with a college brings. In this way, the development of additional centers throughout the State could be assured. However, such a system would have to consider other senior centers under county and private auspices.

(4) The Center could become permanently funded by a proposed State department which would encompass all affairs related to the elderly. (See Figure 7)

The Commission on Aging will need to make its recommendation known to the Legislature before it convenes in January, 1974. The Participant Advisory Board has already taken a position to support alternative #3. The reasons will become obvious later in this paper.

2. Internal Resource Integration and Coordination.

The core staff is seen as facilitator of services to be provided by agencies or participants themselves. Their job title and job description refer to their primary task which is to bring services to senior citizens. In Community Development Component, the effort is to create services in gap areas of community action. Coalitions are formed and joint agreement reached on concerted push for gap services.

Ironically, the largest source of instructional services, is from Adult Education Division, rather than from the University of Community College. This is because of the educational level of participants

in the Center. Fortunately, the supply of adult education classes funded by the Adult Education Division has been adequate to the demand. As a result of good personal relations, we have also been supplied with vocational and technical instructors. Based on an average of \$7.00 an hour of instructional time, the Division provided over \$7,000 of instruction to the Center.

The Hawaii State Senior Center has an unusual advantage over senior clubs or programs sponsored by the City. Figure 1 shows the organization of Hawaii's State agencies. The State government is highly centralized on the theory that direct services should be equal regardless of location whether in metropolitan Honolulu where 80% of the population resides or a rural neighbor island. These educational, health, and employment services are supported by General Revenues. As a State agency, we are afforded priority and the courtesy extended to any other State agency.

Unlike many community in the mainland, the elderly in Hawaii do have a place of respect in the community. Therefore, with the exception of employment services, the Center has received all the

services we have requested.

One Coordinating Activity which we are especially proud is the Multi-phasic Health Screening for the elderly. This once every other month activity requires the cooperation and coordination of at least five agencies and over 50 volunteers. As new screening devices are perfected, the Center has been invited to use the screening services for the elderly. The switch is that agencies are turning to the Center for clientele.

The location of the Hawaii State Senior Center in the "Model Cities" target area also opened many areas for additional resources. A strong outreach program was developed and is now a component of a net-work of supportive services to maintain the isolated elderly in their own homes. Members of the Center eligible for the congregate meal program and transportation are encouraged to use the program. Additionally, the model cities funded mini-grants to reach out for the under-represented ethnic groups through culture and arts activities. These programs continue under State grants to the Center.

The Center serves as a station for many City

programs as well. Free bus passes, information about discounts services, as well as all available services for senior citizens. Interestingly, the Center served more non-members (3,000) than its own members (1,400) at the end of fiscal year 1972. Much of this activity was in information and referral to agencies.

These categories of services which are available to all senior citizens will continue to be offered at the Center as long as these services survive the current fiscal dilemma.

3. Participant Involvement in Fiscal Support.

One of the rationale for the operation of the Center through State funds, was the elimination of fees or membership dues. Yet it was soon apparent that unless the participants were involved in a significant way, they could not define the significance of their roles. Early in the project operations, they saw that as a State agency, there were certain expenses that could not be charged against the project even if funds were available. The Board then set up its own source of funds and authorized payments for gap activities not available through

its operating budget or through the services of existing agencies.

Social clubs chartered within the Center were allowed to accept membership dues as long as the members received benefits during the year. The Club treasury became a means for creative innovations in the development of activities for its membership.

The University Foundation is a tax exempt institution to which seniors can contribute funds and earmark expenditures to the Center. The lack of an affluent membership is the current barrier to wider participation.

The Hawaii Senior Services, Inc. is an organization created by the membership whose primary purpose is to create employment opportunities for older people. It has a contract to do the janitorial and maintenance services for the Center. As more members with skills and talents are identified, the organization will contract its services to the public. The organization assumes the liabilities and responsibilities of an employer and it is anticipated that this organization will grow more rapidly in the years

to come. It gives priority to persons needing additional quarters for qualification into social security.

4. Additional Grants and Foundations.

The Center adopts the attitude of the University in its aggressive search for research and demonstration funds. Soon after the Center was operational, it was instrumental in obtaining a Title IV grant from the Administration on Aging for the project entitled, "Planning for Independent Living." The effort was to determine by the use of an experimental group and two control groups, the package of services needed to keep an older person living independently in a public housing facility for the elderly. These project funds operate separately from the Center's operational funds and has no continuity beyond the period of research.

A grant application for the proposed expansion of the Center as a training facility (see figure 6) is under favorable consideration, subject to funds. The life of that project will rest with the total project application.

As invitations are extended for the Center to apply for certain demonstration projects, other agencies are approached to provide the administrative umbrella. In the next fiscal year, our priority will focus on the Center as an educational institution.

III. Program Impact

A. Community (including the senior citizens)

The Legislative Reference Bureau reported the following evaluation of the Center:

"The Center was first created as a model of a multipurpose senior center which would be accessible within reasonable distance from the homes in the community and highly acceptable to the lifestyles of Hawaii's elderly population. It offers a range of activities based upon what the participants have requested. They are included in the planning and programming of everyday Center activities. Also, the Center has supported a multiphasic health screening program. They have developed a program to provide information and referral services, counseling, and such small but important functions as issuing free bus passes. Their outreach program, which uses elderly aides and which began by making people aware of the Center programs and by getting them to attend, has since been limited to the special group of disadvantaged elderly,

most of whom are in some way handicapped. In describing the philosophy of the Center, its director, Charles Amor, said, "It is to demonstrate the development of an institution in terms of involvement and participation. This is the critical issue in our democratic society." In addition, the Center has served as a successful model of what optimal retirement should be and how older people can be models for the younger generation.

The Center has accomplished much of what it set out to do and has proven itself very popular among the participants, with an average of over 200 persons visiting the Center every day. Upon visiting the Center, one has to be impressed with the entire operation. The leadership displays a willingness to try new programs, and the doors are candidly open for inspection and evaluation. The progress that the Center has made since its opening is impressive. Furthermore, the display of true friendship and camaraderie among Center members, as well as between the members and staff, have made the Center an attractive community asset.

Dr. Gunder A. Myran of Michigan State University, in a report on the Senior Center, made the following comments:

"...A visit to the Center to observe the

comfortable and easy relationships between the professional staff and the members, and to witness the variety of educational, recreational, and counseling activities, is important in understanding the impact such a Center can have on the lives of the people it serves. Located as it is near a model cities target area, its clientele includes a large number of persons with low incomes. The challenge of attracting and serving a low-income clientele is considerably more complex and difficult than is the challenge of serving the middle class and lower middle class clientele who also attend the Center and participate in its activities. Many of the persons served by the Center have spent their working lives in the pineapple and sugar cane fields or factories, and have developed few avocational interest prior to retirement.

...To this point, the program and services of the Hawaii State Senior Center seems to be aimed directly at the senior and their needs. The program is excellent but the senior citizen has much to offer the college and the community as well ...

This Center seems to define itself as primarily a voluntary, drop-in Center. In some ways, this definition does proscribe the limits of its effectiveness. We have

indications from other places that suggests a voluntary drop-in Center automatically limits outreach to perhaps 10 percent of the potential population to be served. It seems that the idea of "dropping in" is not compatible to the ideas of many senior citizens. Again, the place orientation of the Center, while absolutely essential at this stage of development, would in some ways place a limitation on future potential.

In some ways, the same point could be made regarding counseling services. The counseling activities of the Center becomes more active in raising questions on community problems, this results in an involvement which gives the staff an opportunity to counsel in the midst of problem solving, rather than simply publicizing the fact that counseling is available when anybody needs it.

The Center has staked part of its philosophy on a community organization basis. It has moved to establish a participants advisory committee. We would like to urge that community organization be seen as the tackling of very hard nitty-gritty life issues with the specific purpose of changing a bad life situation. This would mean that changes in the life situation of seniors would be advocated by the community organization dimension. Working out in the community with the large numbers who

do not "drop in" is an important challenge to be included here also.

...We would commend the Center for its work in getting at such areas of multiphasic health screening, basic English courses, their effort to recognize persons through birthday celebrations, etc. We would particularly commend them for their involvement with a number of agencies throughout the community in the development of the various aspects of their program."

The State Legislature has responded to the concept of the neighborhood senior center by appropriating \$925,000. for three such centers throughout Oahu. A Participant's Evaluation based on projected Behavior Objectives of users of Senior Centers has been completed and will be reported in our Fourth Annual Report. A quick examination reveals that the functional level of our participants is higher than we had anticipated.

B. College Staff

Compared to students and the community at large, the college faculty has expressed the least interest in the Senior Center. A survey of instructional content within the Honolulu Community College revealed only four hours of content in problems of aging in the entire

community college curriculum. Even at the University level there is a curious lack of interest.

Faculty hear about the program through public media but make little attempt to visit or offer assistance.

The Honolulu Community College is developing an embryonic Department of Human Services which has gained approval and funding by the University Administration. As student instructional content is developed, it is envisioned that the Senior Center will be a major component in this department. At the present time, Head Start, Career-Opportunities Program, Child Development Clinic and other Office of Economic Opportunity and Model Cities Educational Program will be housed in this Educational umbrella.

In the four short years of the Center's existence, the Honolulu Community College has had three Provosts. Fortunately, each Provost has supported the Center as a logical placement and has described it as a sparkling show piece among the college's offerings. There is a feeling of pride in the Center's accomplishments especially as it throws a favorable light on the entire college.

The ghetto community where the Center is located attracts the low income and educationally disadvantaged

older people. Even this is people resource and senior volunteers assist primarily in the yardwork and the library. Their obvious cheerfulness and willingness to help is a delight to the college administration.

As better educated older people become a part of the Center, the variety of services to be offered the college and the community will increase. At the other end of the spectrum, we have older people able to counsel college age students using the human potential techniques. We hope that this will be the fore-runner of a host of human services older people can and will perform for the entire community.

C. Students.

The most enthusiastic feedback is from students. Their obvious openness in expressing delight and discovery of happy well older people is a source of satisfaction for the staff. Students assigned to the Center for at least four hours a week develop close personal relationships with the participants and these friendships extend beyond the Center.

The entire spectrum of students have visited the Center - from elementary students entertaining on special events to graduate students assigned for field placement.

The Center encourages students from Concentrated

Employment Program, Work Incentive Program and College Work Study Programs. We feel an obligation to give priority to students in our target area wanting opportunity to work among well older people.

There are many training activities that need to be done -- the training of professionals, para-professionals, and general content for the student population of the aging process. However, the Center finds itself lacking in professional resources. Staff is less than satisfied when students are not given adequate-in-service orientation in the Center. At the crossroads of the Pacific, we are continually hosting visiting firemen from the mainland and professional social workers from the Orient seeking information about the Center.

D. Proposed Expansion

Our current priority is the treatment of participants as students. In this effort we have specified five levels of achievement in human potential:

- (1) Independence
- (2) Improved Inter-personal Relation
- (3) Leadership
- (4) Altruism
- (5) Self-Actualization

In each of the five steps, we have specified

another five milestones towards the attainment of that level of achievement. The milestones are also progressively more difficult.

From this statement of human potential, we have taken two milestones at each of the five levels and framed an evaluation questionnaire. The purpose is to gauge where the majority of the participants are at this point in time. The results will be useful in the preparation of training or educational programs.

The total objectives of the Hawaii State Senior Center has also been restated into behavioral objectives. The two other components of service other than Individualized Services are Group Activities and Community Development. The same number of major steps and milestones have been specified as in "Individualized Services," as described above.

The Center has applied for a grant to develop a "Senior Achievement Curriculum or Education for Continued Living Throughout Life." The objectives of this educational program will be related to the Human Potential Objective noted above.

There will be some implications for General Education which is targeted for younger adults. The life-time

goals which is heightened in the later years are the same goals which younger people aspire but perhaps not at the same degree of intensity.

IV. Involvement of the Legislature and the Political Fiscal Situation that has Prevailed.

The State of Hawaii has had a Democratic Governor and domination by the Democrats of both House of Representatives and Senate since 1962. Assistance to the aged has been a plank in both the National and State Democratic Party since 1964. The year 1965 was the turning point that gave birth to National and State programs.

The leadership for new legislation and the support of the program for senior citizens was stimulated largely by the legislature. However, without the concurrence of the governor and the support of his cabinet, Hawaii would not be where it is today -- a leader in State-wide programs.

Legislators from the area are given prominent roles at each major activity in the Center -- from the dedication of the facility, to the large Center-wide events promoted at least four or five times a year. They mingle with the participants and know as much as the staff about the operation of the program. What they don't know, their parents and relatives will fill them in.

During election year, we make it a point to invite every candidate running for office within the target area to be introduced and interact with the members. This is usually at Center-wide events, like our monthly birthday parties. We do not allow candidate to visit the classes or to campaign in the building at other non-invited times. The disruption in programs is obvious. Two ends are served. The candidates gain in exposure and our needs are made known to them.

This year has been a turn about in the usually generous expansion of services. For the first time since I can remember, the legislature failed to pass a Capital Improvement Bill. It failed to raise taxes in view of the salary increases won by collective bargaining. The times are changing.

Since 1964, the Democratic Party operated on the assumption that education will lead our State to greater achievement. Throughout these years, over 50% of the State annual operating budget, supported a state-wide public school system, a State University and a State-wide system of Community Colleges. Suddenly, the halo of education has tarnished. The Department of Education has terminated 200 un-tenured teachers and rehired 160. The University intends to terminate 100 un-tenured faculty and graduate students this summer. The crunch is being felt.

Meanwhile the Center managed to survive a near disaster when President Nixon vetoed the 1972 version of the Comprehensive

Older Americans Services Act. We also survived the cuts of all State services during the past year. More needs to be done in interpreting our program to the Legislators to avoid disruptions.

V. Recommendations.

The exercise of weighing the "Pros" and "Cons" of the alternatives suggested by the Legislative Reference Bureau will be helpful in gaining insight into the value of a community college sponsorship.

Alternative 1: The Senior Center could become a permanent teaching model as part of the University of Hawaii's Gerontology Program. In this way, both the University and the Center would receive direct benefits from each other. It could also serve as a State model."

PRO:

1. There will be more emphasis in training and research.
2. There will be more input by experts -- (gerontologists and others).
3. The Center can be a model for future programs on aging; i.e. pre-retirement, professional, para-professionals, conferences, etc.

CON:

1. The program will not be as service-oriented, but more training and research oriented.
2. Enrollment of participants will be more controlled instead of continuously opened.

3. Program definition will be training-oriented instead of participant-oriented. The experts will define the programs.
4. Participants will have less control and management of programs.
5. The Gerontology Program has problems maintaining its own current budget.

Alternative 2: "The Center could become a permanent part of a State agency, such as the Department of Social Services and Housing, continuing to serve the community but receiving its funds from the Department. This would be acceptable if, (a) the stigma attached to Social Services and associated with some of their programs, like "welfare" were not carried over to the Center; and (b), the Department would accept the plan."

PRO:

1. The Center will have an annual budget defended by the Department.

CON:

1. Lack of flexibility in hiring and staffing of agency.
2. Limitation of creative and imaginative ideas because of time consuming decision-making.
3. Achieving stigma of welfare and/or social services

not desirable for well-older person. The frail and vulnerable need more attention by the State Welfare Agency.

4. The State agency has a difficult time grasping a multi-purpose concept which crosses over functional jurisdiction.

Alternative 3: "The Center could become a permanent part of the Community College with plans for the building of similar centers wherever community colleges develop. This option would be in line with one philosophy on senior centers which sees them as a service to the community to that of community colleges. In addition, the facilities of the college would be made available to the seniors for their activities while lending the prestige of that association which a college brings. In this way, the development of additional centers throughout the State could be assured. However, such a system would have to consider other senior centers under county and private auspices."

PRO:

1. There is flexibility in hiring and managing problems.
2. There is more freedom in planning and programming.
3. There is acceptance and encouragement of indigenous leadership with community

involvement and participation.

4. The Community College is more process-oriented.
5. The Center will be more direct-service oriented than the University. Its evaluation criteria will be less student-oriented.
6. The Community Colleges have the support of the current legislature.
7. The kinds of existing programs at the Community College like printing, dressmaking, carpentry, baking, auto-mechanics, horticulture, are appealing to older people with limited and fixed incomes.
8. The State-wide location of community colleges provides an accessible vehicle for expansion.
9. The community colleges have the support of the local community in each of the present locations.
10. The existing senior centers in the neighbor islands can remain as they are. Newer centers will emphasize the multi-purpose concept that is demonstrated by the Hawaii State Senior Center.

CON:

1. The budget is limited and not defended by a Department.

2. The Administrators of the Community College System must respond to the University of Hawaii Board of Regents. It does not have its own Board to which its priorities can be made known.

Alternative 4: "The Center could become permanently funded by a proposed State Department which would encompass all affairs related to the elderly.

PRO:

1. The Center would receive high priority in this agency's budget.
2. The Center would have the resources of the various program specialists in the planning and developing of program activities.
3. Program development will be accelerated especially in new areas.

CON:

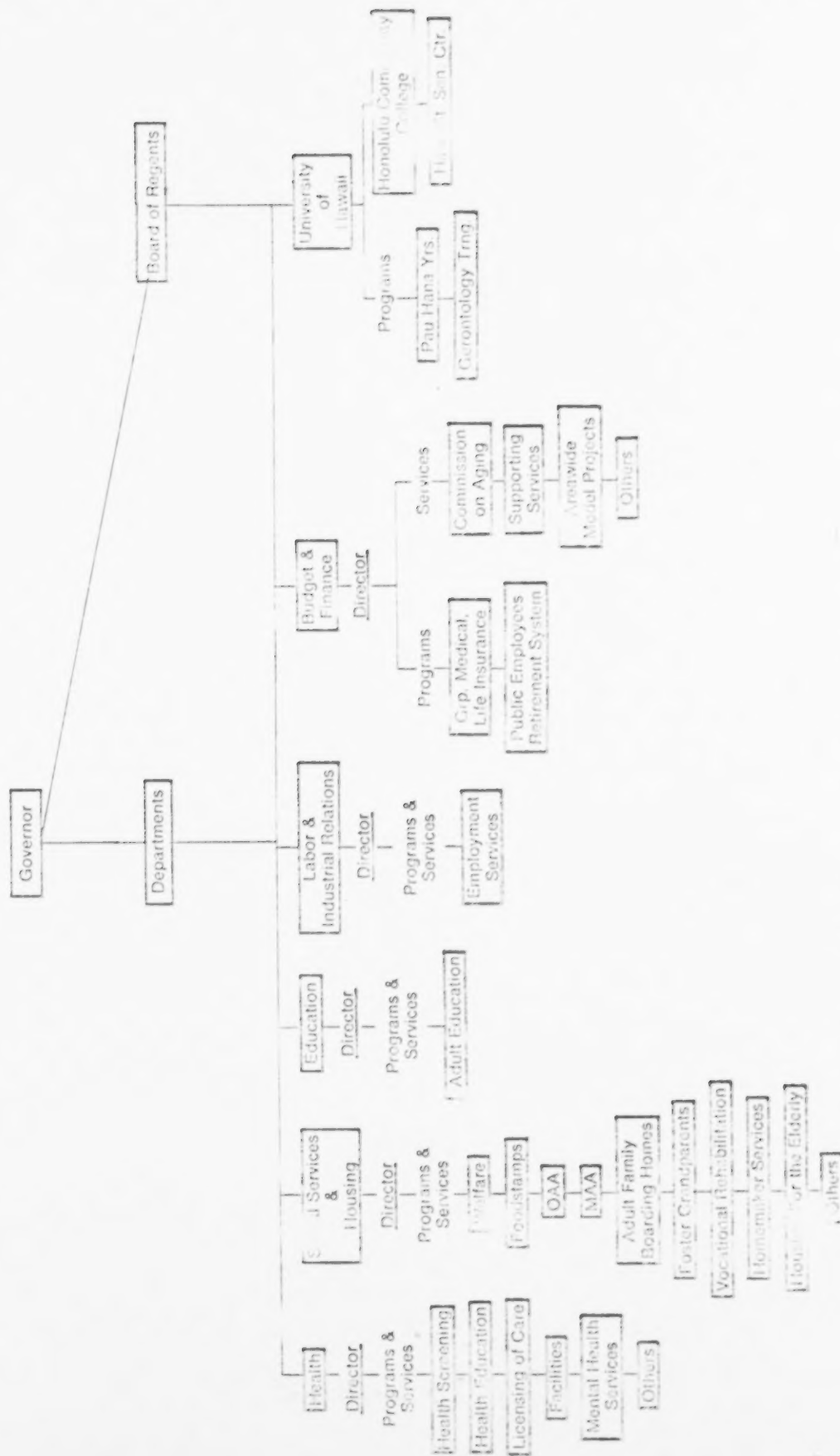
1. Lack of flexibility in staffing like another State agency.
2. The feasibility of this cabinet level agency of becoming operational is not within the immediate future.
3. Compared to the Community College System, the resources of the new agency will be limited.

Conclusion:

The "pros" obviously outweigh the "cons" in Alternative "3". The operation is working successfully within the Community College System and there is no obvious advantage to changing the permanent agency to which the Hawaii State Senior Center is presently attached.

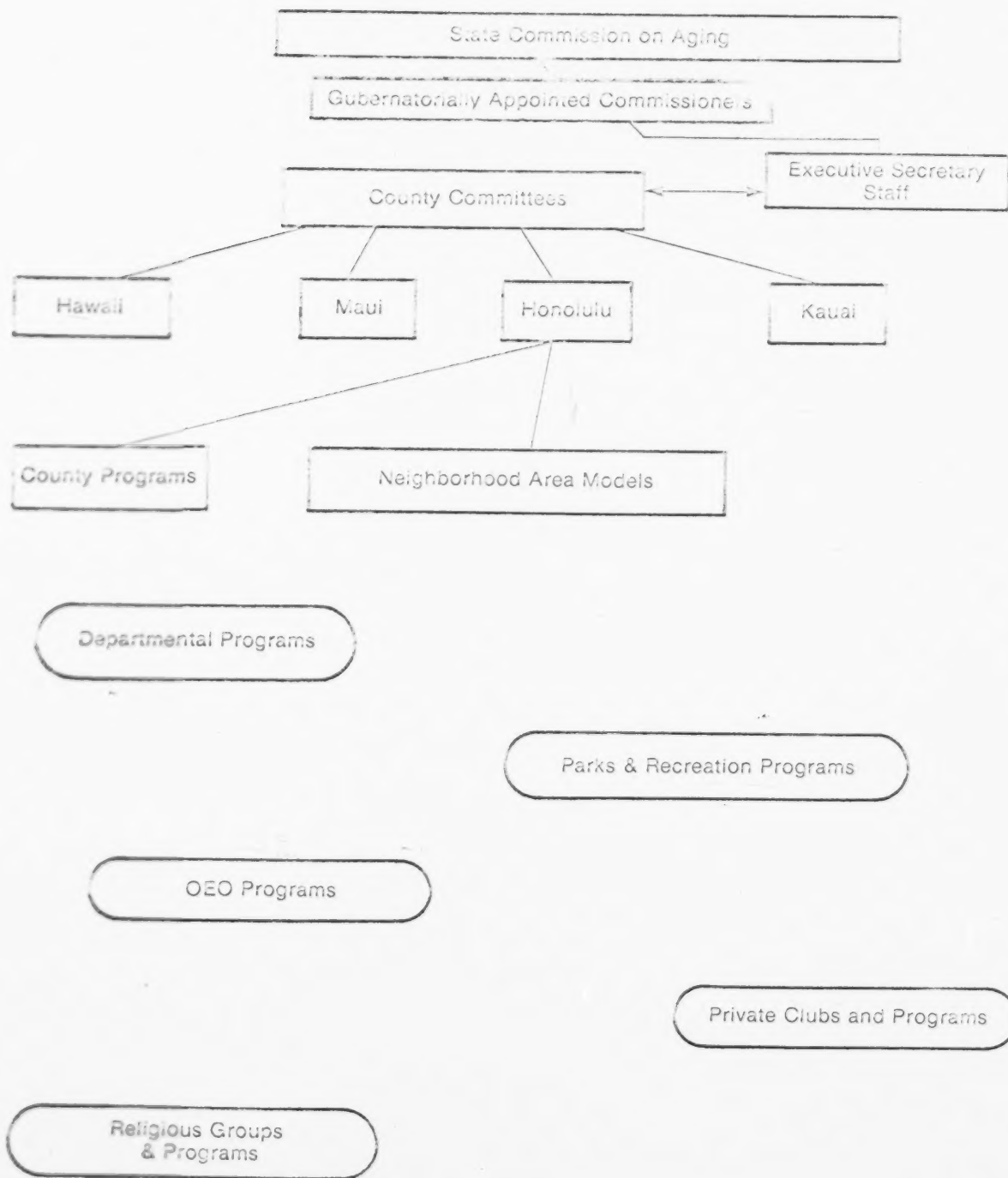
It is suggested that this process of weighing the "pros" and "cons" can have significant implications in evaluating the location of the multi-purpose senior centers in the community colleges throughout the United States. Its emphasis on service, its array of income maintenance classes, its facility and faculty, as well as the mission to develop the fullest human potential, makes it a very desirable agency. Moreover, compared with available agencies, it has less disadvantages and more advantages. The most significant contribution is that the community college has sufficient prestige as to be dissociated with welfare aid while considering the practical and daily concerns of older people.

Figure 1
STATE AGENCY STRUCTURE



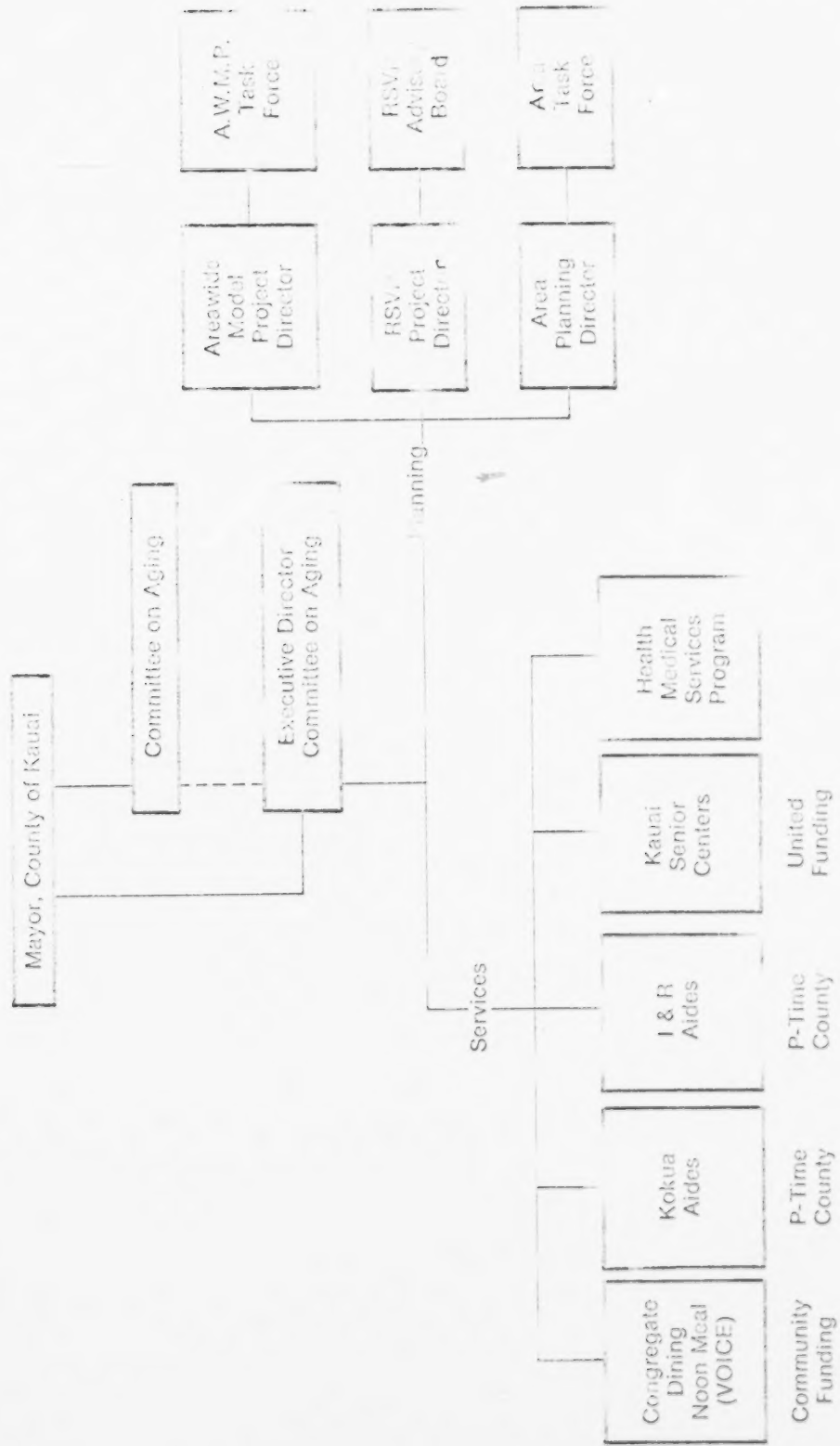
Source: Elderly Action, Legislative Reference Bureau, State of Hawaii. February, 1973

Figure 2
COMMISSION ON AGING, STRUCTURE AND
RELATIONSHIP TO OTHER AGING AGENCIES



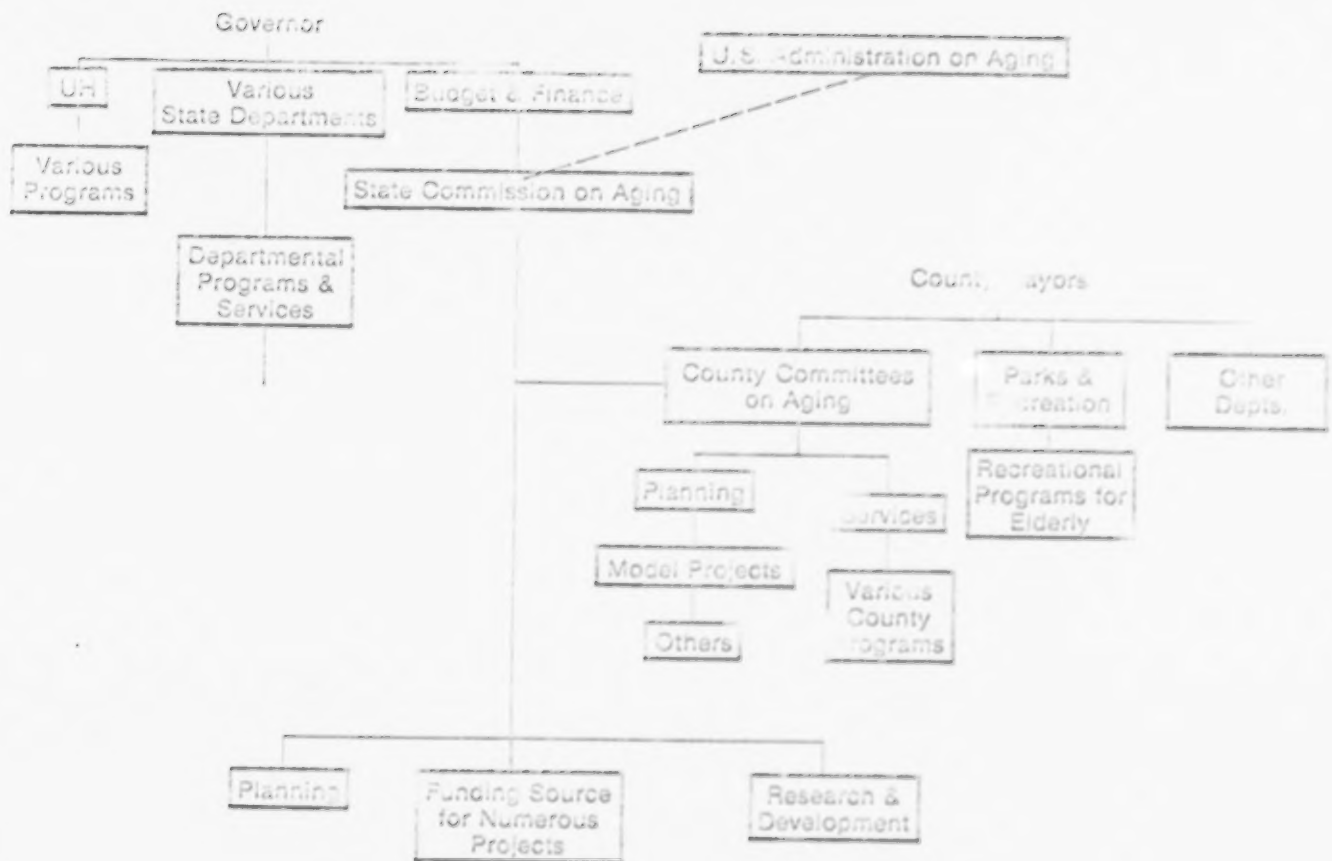
Source: Elderly Affairs, Legislative
Reference Bureau, State of
Hawaii. February, 1973

Figure 3
SAMPLE OF COUNTY GOVERNMENT STRUCTURE



Source: Elderly Affairs,
Legislative Reference
Bureau, State of Hawaii
February, 1973

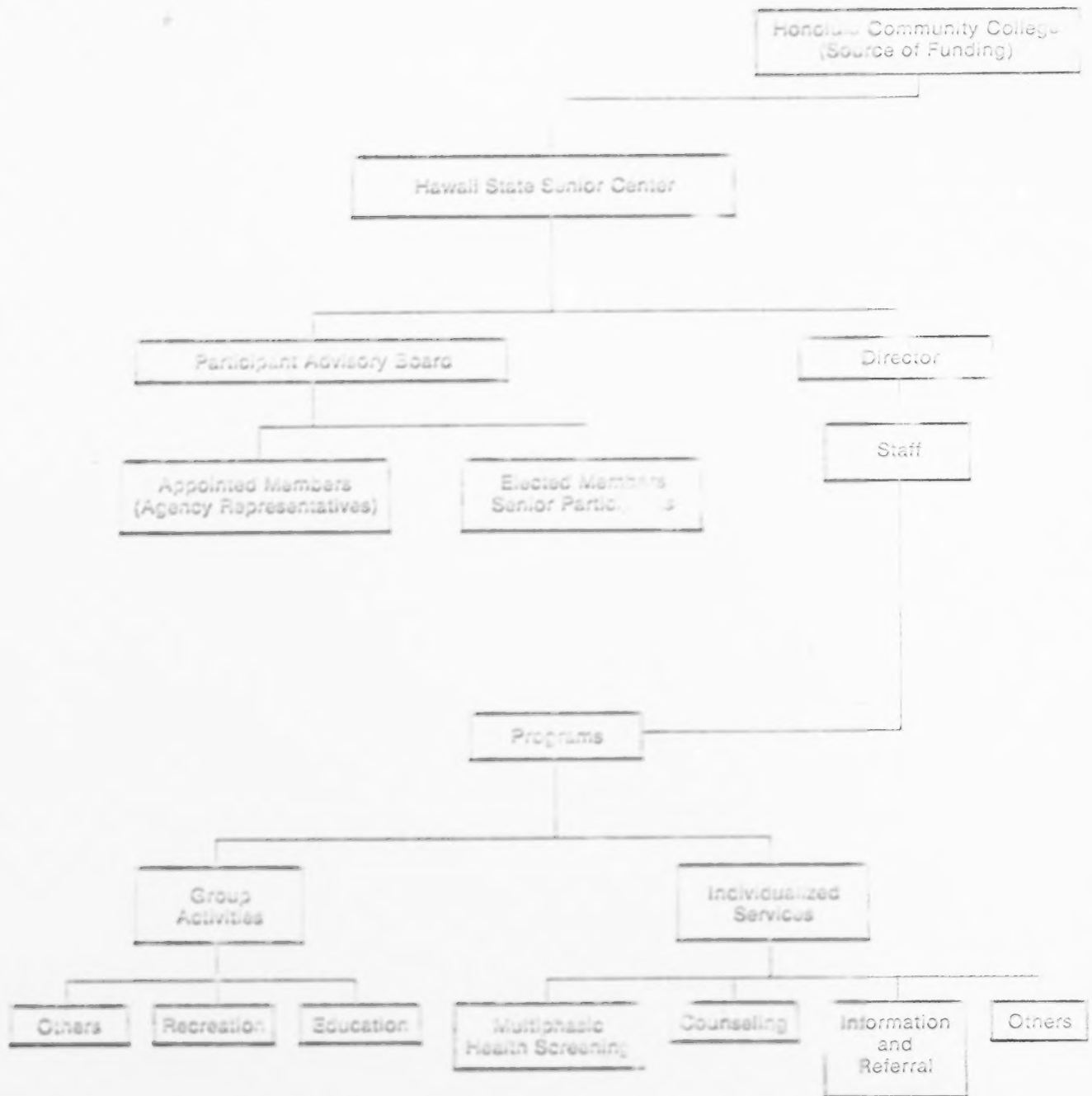
CURRENT AGING STRUCTURE



Outside of this structure
are numerous private projects
related to the elderly

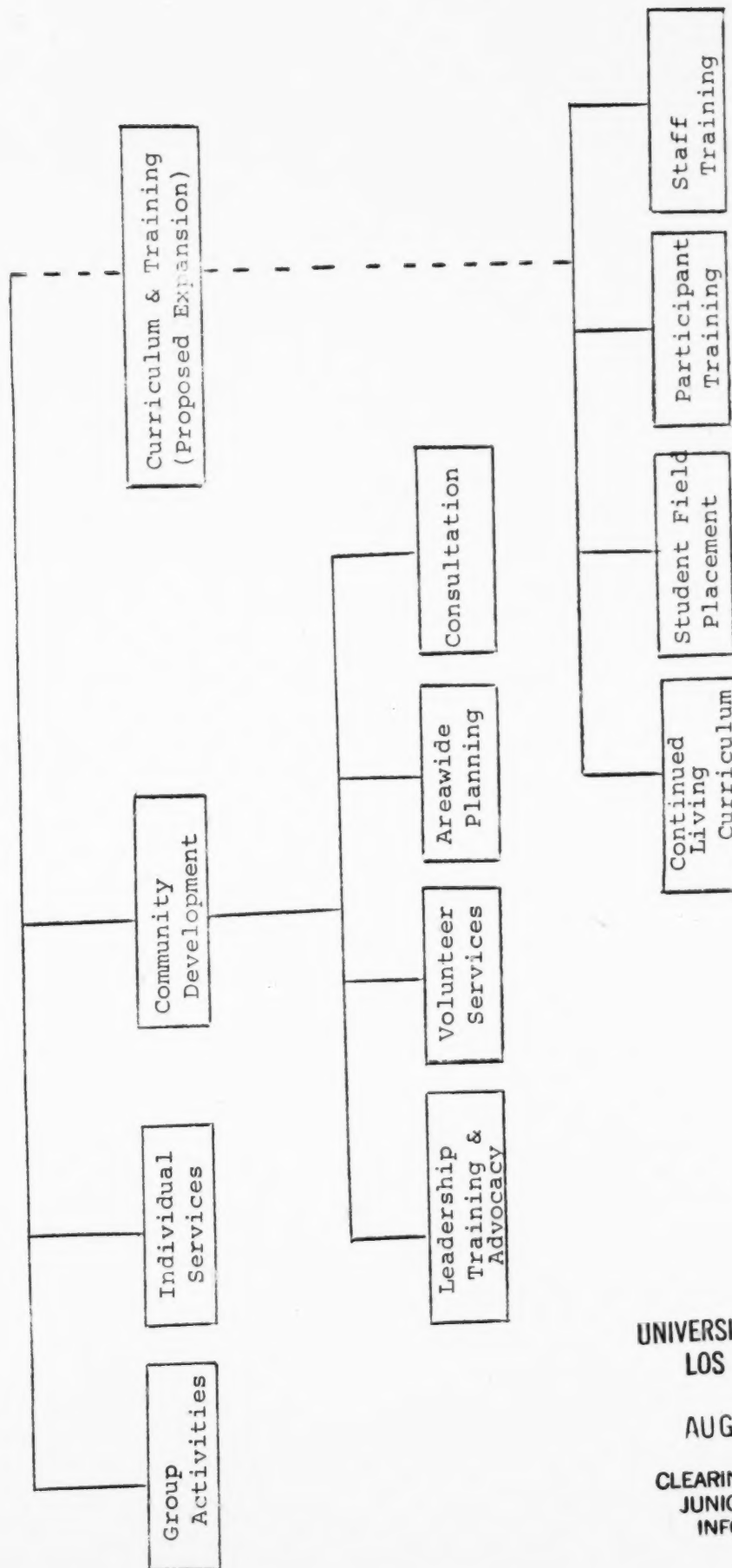
Source: Elderly Affairs,
Legislative Reference
Bureau, State of Hawaii
February, 1973

Figure 5
HAWAII STATE SENIOR CENTER



Source: Elderly Affairs
Legislative Reference
Bureau, State of Hawaii
February, 1978

Figure 6
Hawaii State Senior Center
Amended Program Design



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AUG 1 1973

CLEARINGHOUSE FOR
JUNIOR COLLEGE
INFORMATION